

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

087952996

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		14		1			54						
5		14		1			55						
6		14		1			56						
7		14		1			57						
8		14		1			58						
9		14		1			59						
10		14		1			60						
11		14		1			61						
12		14		1			62						
13		14		1			63						
14		14		1			64						
15		14		1			65						
16		14		1			66						
17		14		1			67						
18		14		1			68						
19		14		1			69						
20		14		1			70						
21		14		1			71						
22		14		1			72						
23		14		1			73						
24		14		1			74						
25		14		1			75						
26		14		1			76						
27		14		1			77						
28	/		/				78						
29	/		/				79						
30		14		1			80						
31		14		1			81						
32		14		1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						